

FIG. 1

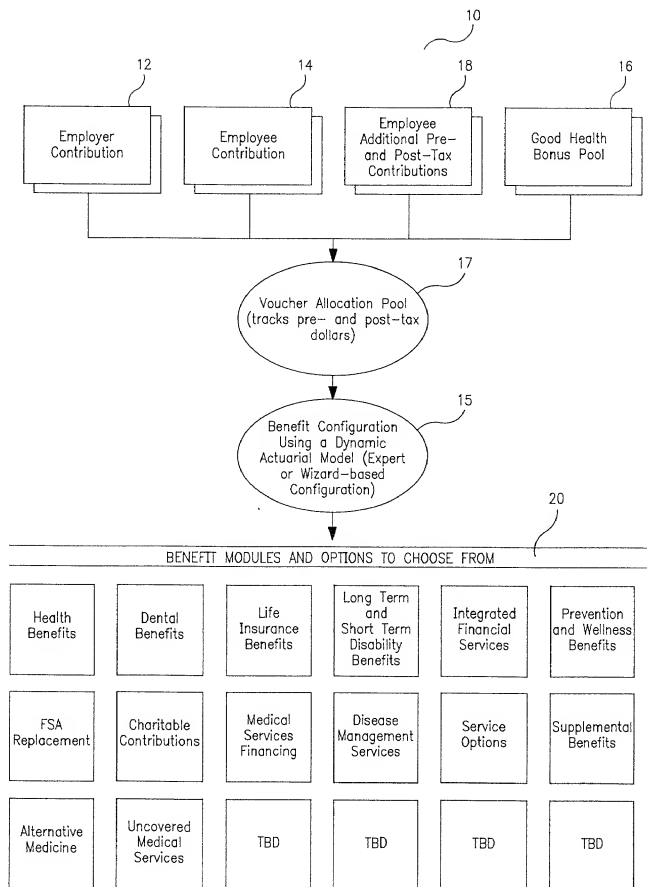


FIG. 2

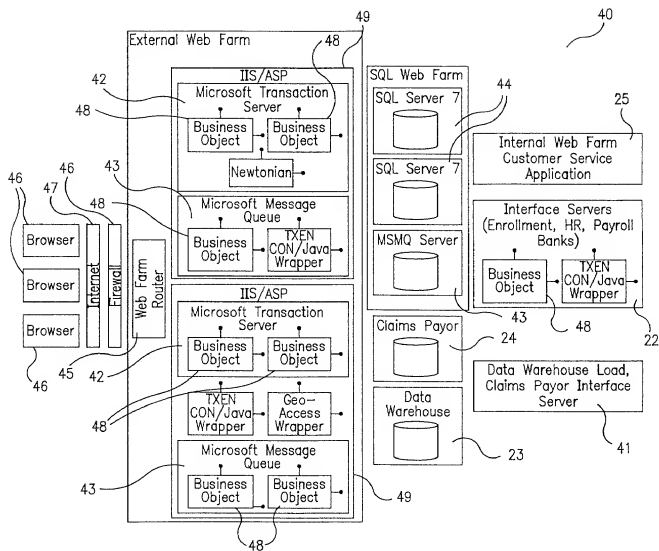


FIG. 4

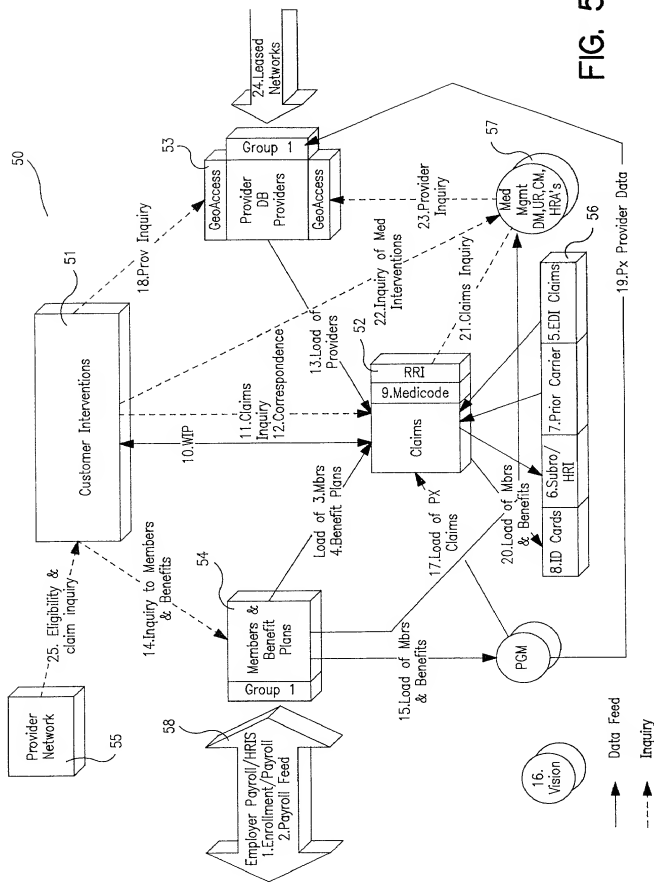


FIG. 5

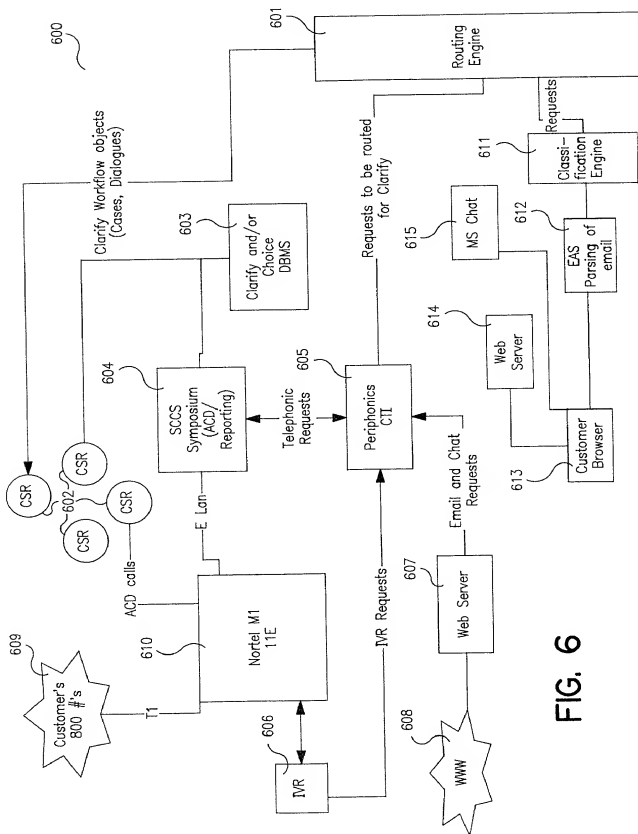


FIG. 6

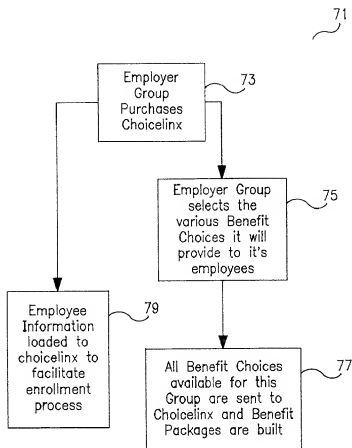


FIG. 7A

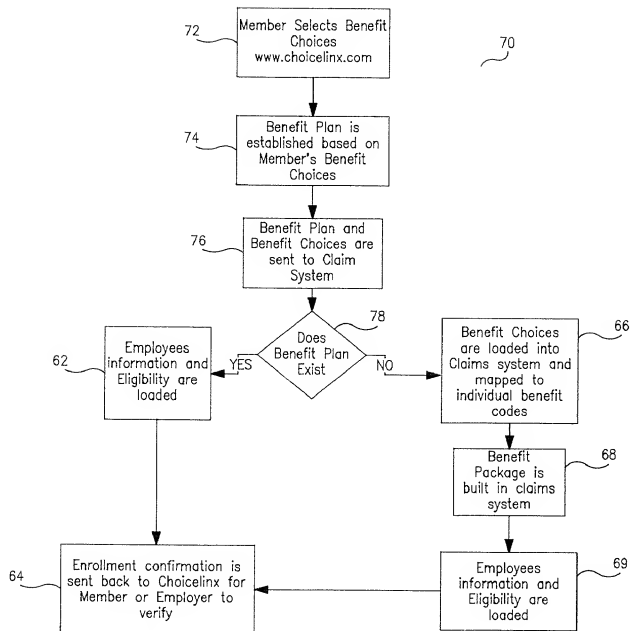


FIG. 7B

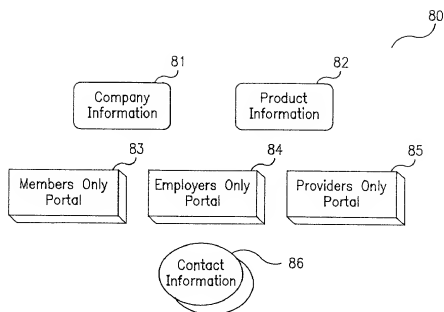


FIG. 8

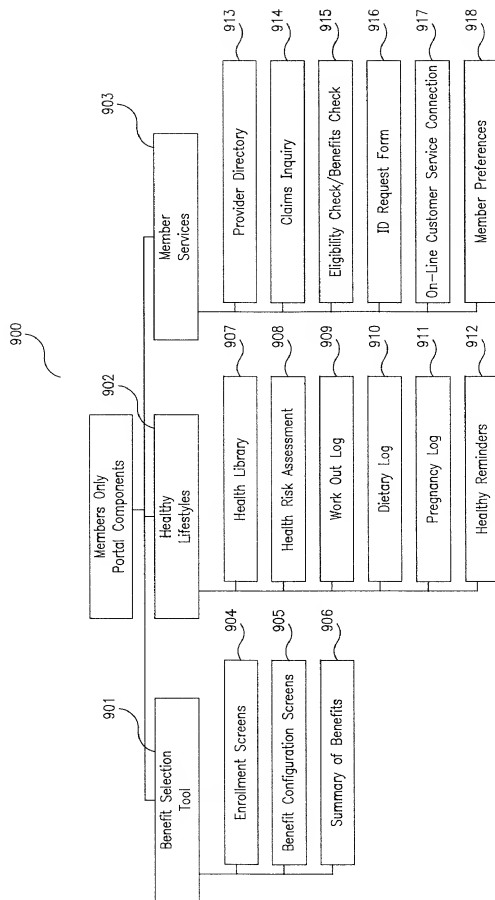


FIG. 9

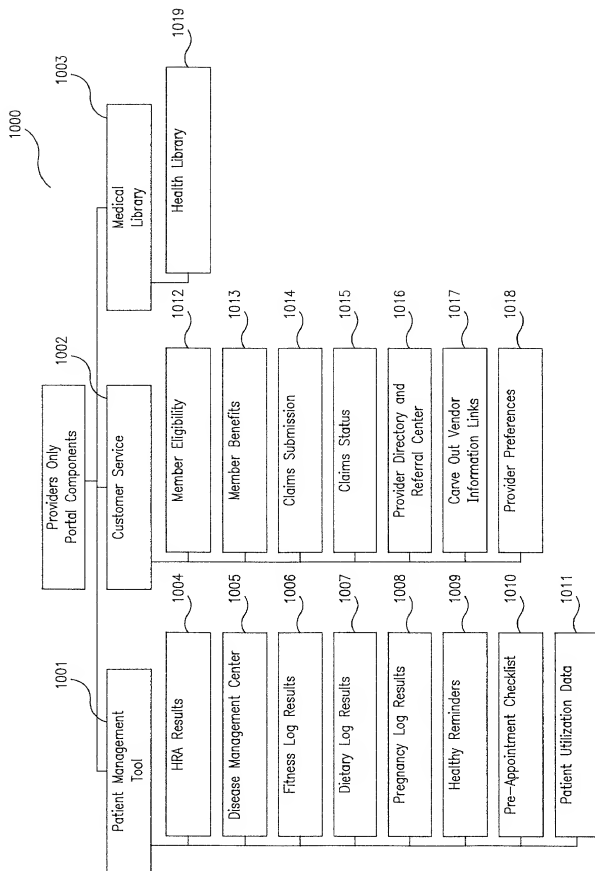


FIG. 10

12 / 66

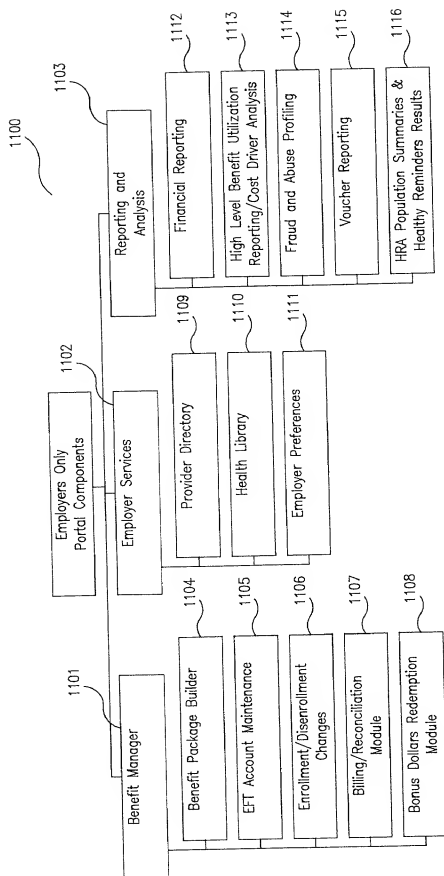


FIG. 11

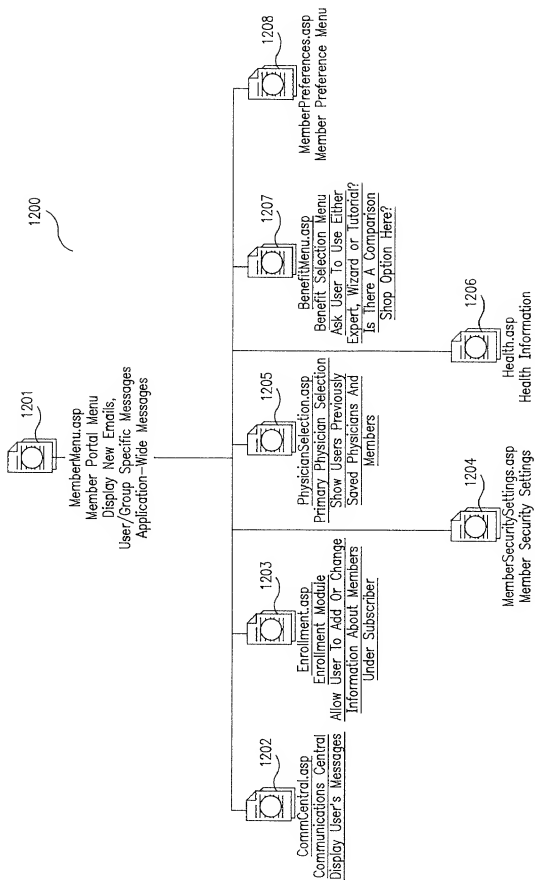


FIG. 12

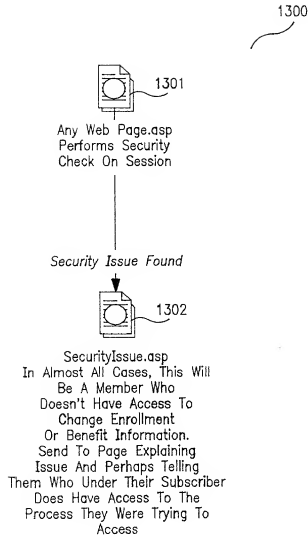


FIG. 13

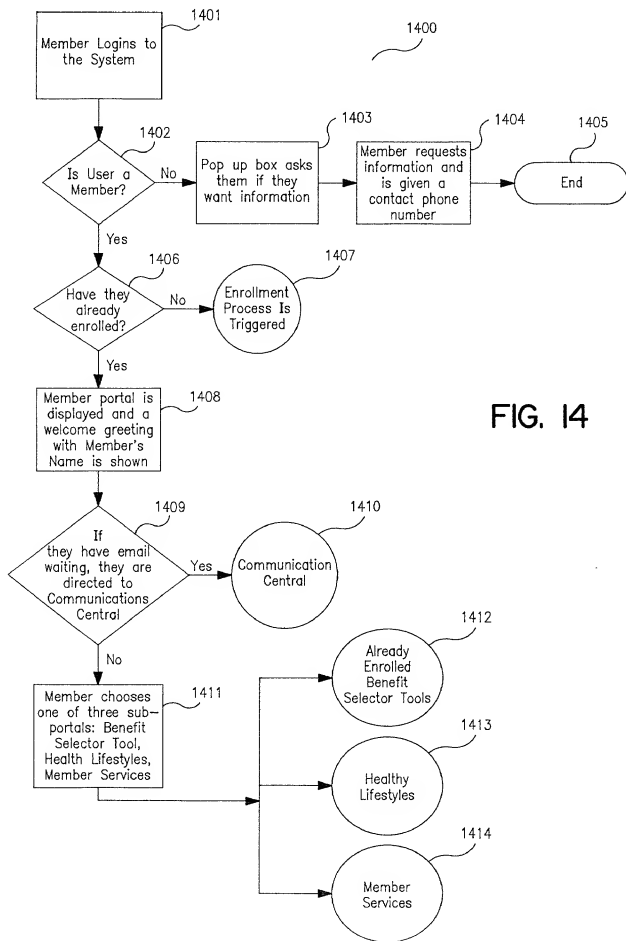


FIG. 14

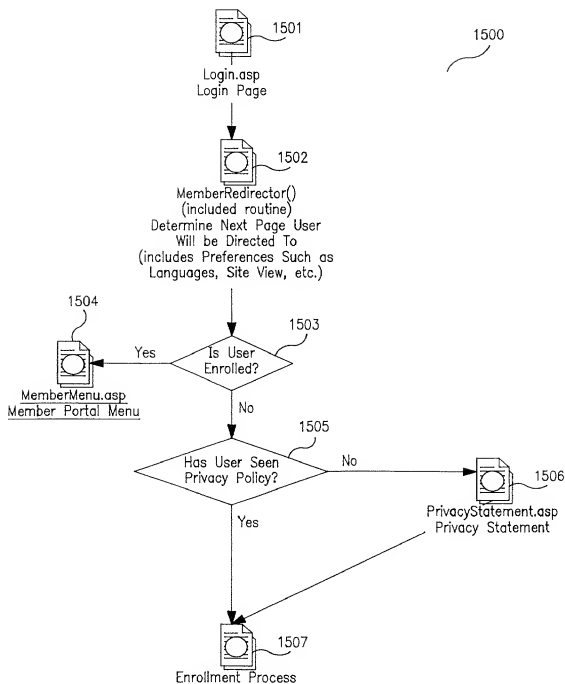


FIG. 15

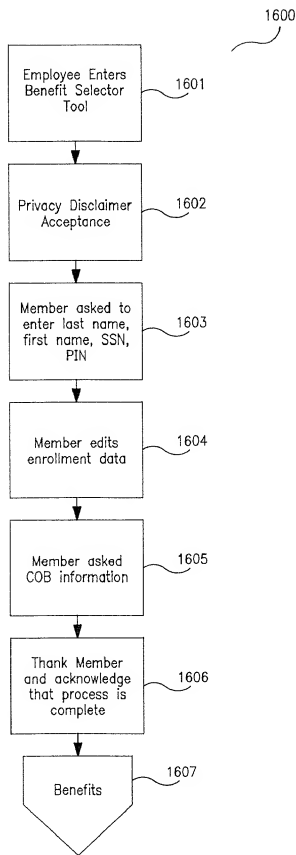


FIG. 16

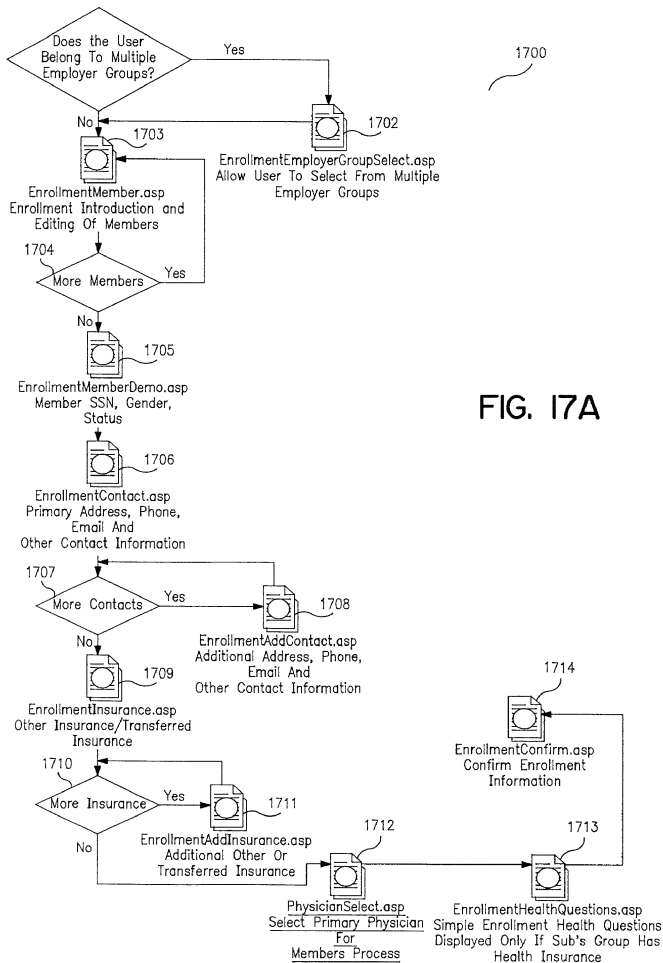


FIG. 17A

choosing benefits | **signing up** | finding a provider | living healthy | customer care center | your privacy | about us | home

▶ signing up
menu

▶ about you

▶ contacting you

▶ your other
coverage

▶ your doctor

▶ your summary

▶ why do
we ask?

? questions

(800) 888-8889

about you

signing up

Here's where you provide us with information about yourself. Please be sure all information is entered accurately.

1720

you tell us

first Jack	m.l. W.	last Smith	suffix Jr.	social security number? 003 54 2356	1721
date of birth? (mm/dd/yyyy) 09 25 1988			do you have a disability? yes <input type="radio"/> no <input type="radio"/>		
gender? <input checked="" type="radio"/> male <input type="radio"/> female			do you have a preferred name? (first name) 1727		
marital status? married			1728		
what is your email address? jsmith1@medicoone.net			1725		

FIG. 17B

○ back to summary

▶ signing up
menu

▶ about you

▶ contacting you

▶ your other
coverage

▶ your doctor

▶ your summary

▶ why do
we ask?

? questions

(888) 888-8888

contacting you

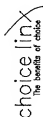
signing up

Below are additional address fields you may use to add more addresses to your account. Please make sure you indicate the type of address you are entering. Also indicate those members who this address may apply to.

you tell us	
address	1731
address line 1	100 Elm Street
address line 2	
city	Manchester
state	NH
zip code (4+)	03101 0206
what is this type of address?	
mailing	business shipping school
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1732
who uses this address?	
Jack	Jane Tom Alyssa All
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1733
address	
address line 1	1000 Elm Street
address line 2	

1730

FIG. 17C



choosing benefits | **signing up** | finding a provider | living healthy | customer care center

your privacy about us home

1740

signing up

do you have
other coverage?

We want to make sure that you and your family are protected by health coverage every minute of every day. ChoiceInx uses the information that you provide below to coordinate benefits so there are no gaps in your coverage.

you tell us

Are you, or someone you want to be covered by these health benefits, also covered by another health plan?

☐ Yes ☐ No

Are you transferring to ChoiceInx from another health plan?

☐ Yes ☐ No

why do we ask?

? questions
(888) 888-8888

☐ back to summary

back

next

1741

1742

FIG. 17D

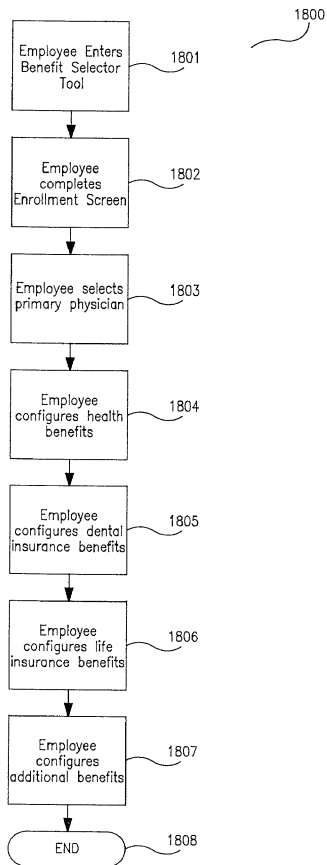


FIG. 18

23/66

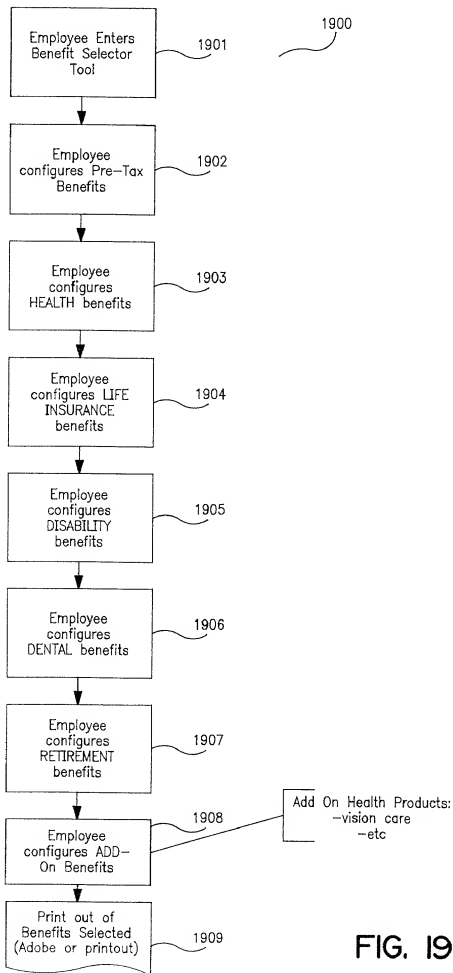
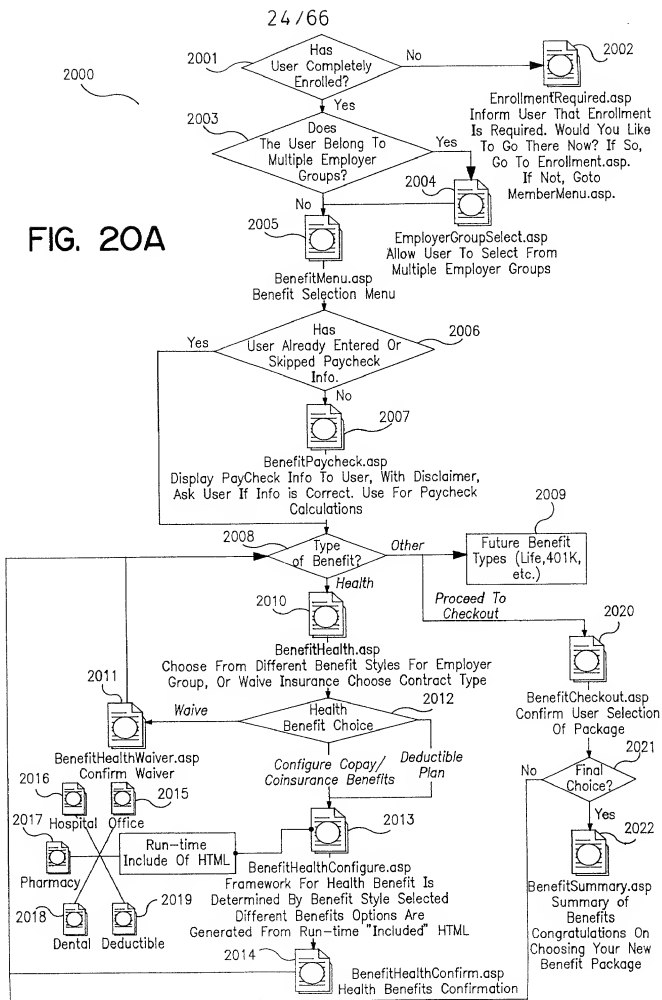


FIG. 19

09746359 051801

FIG. 20A



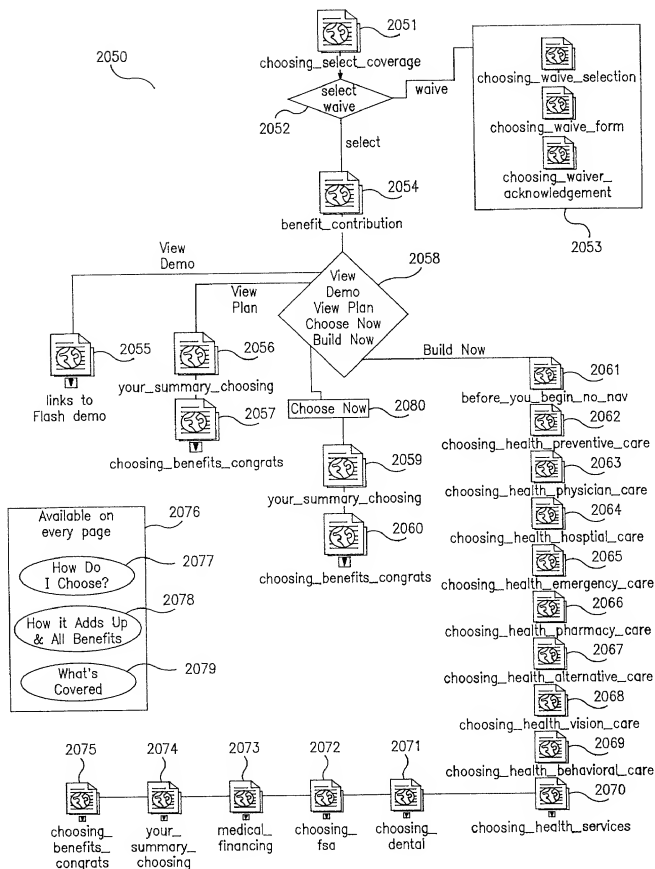


FIG. 20B

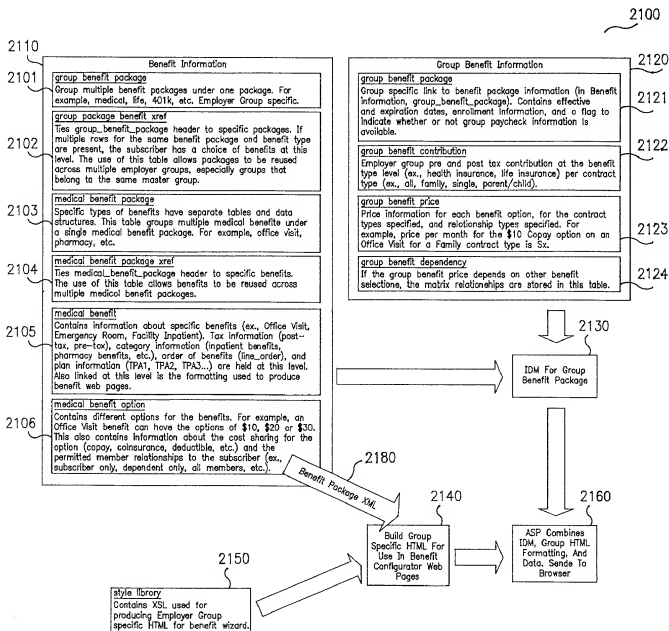
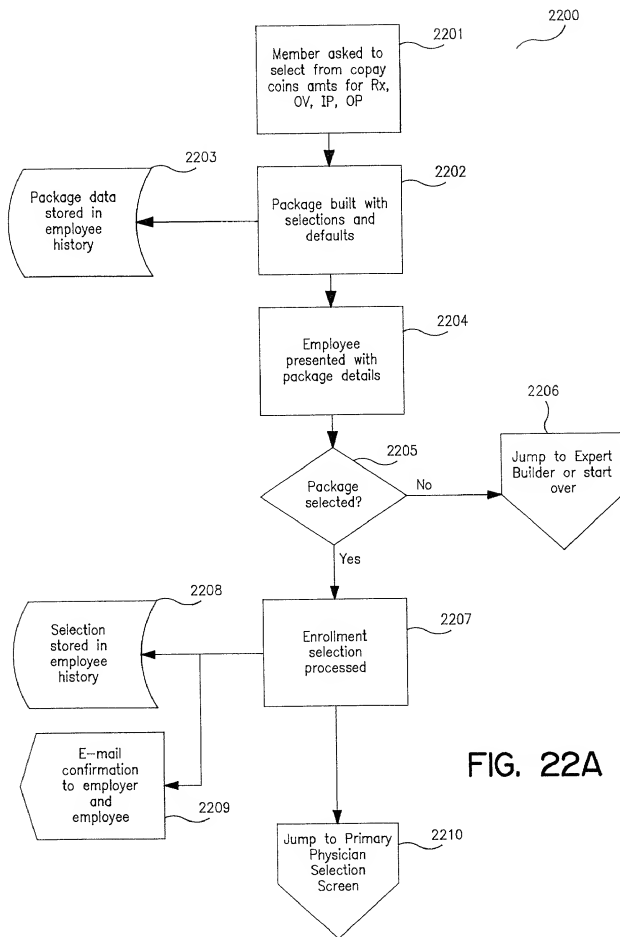


FIG. 21



getting started choosing benefits

Build A Plan That Is Right For You

- 1 You decide what your benefit contribution will be.
Your employer has given you a fixed amount to spend on your benefits, but you ultimately decide what level of coverage you want for each benefit.

Benefit	Your Employer's Contribution (2001)	Your Estimated Contribution (2001)	Your Contribution Last Year (2000)
Health	\$2,400	\$xxx to \$yyy	\$xxx
Dental	\$180	\$xxx to \$yyy	\$xxx
Total	\$2,580	\$xxx to \$yyy	\$xxx

2223

2224

2225

2220

2221

2222

FIG. 22B

2 The choice is yours.
Where you receive care (and by whom) is entirely up to you. However, receiving care by an In-Network provider will reduce your out-of-pocket expenses.

In-Network

- Your out-of-pocket expenses (i.e. copays and cost-share amounts) are chosen by you for each benefit
- NO referrals are needed
- You can determine if your doctor is In-Network by selecting Finding A Provider at the top of every page

Out-of-Network

health
physician care
Physician Care is that care which is provided by your physician to whom you have been referred.
This care is most frequently provided in a physician's office.

choosing benefits

2230

◀ back next ▶

choose from the following benefits		what's covered
your network benefit	monthly benefit cost	
\$0.00 fixed copay	\$4.30	Office Based Physician Care Specialty Care Minority Care Overseeing Services Dermatology/Proctology
\$10.00 fixed copay	\$7.47	
\$15.00 fixed copay	\$4.78	

2232

2231

how it adds up

monthly

what's included from your physician

what your employee contributes

For all benefits \$40.00
For health \$10.00
For dental \$10.00
For vision \$10.00

For all benefits \$40.00
For health \$10.00
For dental \$10.00
For vision \$10.00

2233

FIG. 22C

▶ choosing benefits menu

▶ getting started

health

preventive care

▶ physician care

hospital care

emergency care

pharmacy care

alternative care

vision care

behavioral health

care services

personalized services

▶ dental

▶ flexible spending

▶ medical financing

▶ your summary

▶ how do I choose?

? questions

(888) 888-8888

choice ~~linx~~ **choosing benefits** | signing up | finding a provider | living healthy | customer care center 2240

The benefits of choice

your privacy about us home

dental choosing benefits

Physician Care is that care which is provided by your physician to whom you have been referred. This case is most frequently provided in a physician's office.

your out-of-pocket benefit	monthly benefit cost	your choice
10% cost-share	\$17.00	<input type="radio"/>
20% cost-share	\$15.00	<input checked="" type="radio"/>
30% cost-share	\$14.11	<input type="radio"/>

what's covered
Regular Cleaning
Fluoride Treatments
X-rays
Oral Surgery
Emergency Services
...and dental

2244

▶ how do I choose?

additional offer

For an additional \$1.00 per month you can receive a third dental cleaning.

Would you like to receive a third dental cleaning this year?

☐ yes ☐ no

▶ questions

(888) 888-8888

FIG. 22D

2242

2243

2241

how it adds up

monthly

what your employee contributes:

For all benefits \$40.00

For health \$10.00

For dental \$10.00

For vision \$10.00

what is deducted from your paycheck

For all benefits \$13.00

For health \$5.00

☐ waive dental benefits

☐ back ☐ next

31/66

FIG. 22E

- ▶ getting started
- ▶ health
- ▶ dental
- ▶ flexible spending
- ▶ medical financing
- ▶ your summary
- ⑥ how do I choose?
- ? questions
(888) 888-8888

A summary of your selections is listed below. If you would like to make any changes to your selections you may do so by using the drop down boxes in the *your benefits* column.

health benefits		Level of Coverage: Single		confirm	
benefit description	your benefits	benefit cost monthly	info	2253	2254
preventive care	\$0.00	\$7.47	info		
physician care	\$10.00	\$47.47	info		
hospital care	0% cost share*	\$85.62	info		
emergency care	\$20.00	\$3.58	info		
pharmacy care @drugstore.com.	\$5.00/\$15.00 drugstore.com	\$15.00	info		
alternative care	20% cost share*	\$4.05	info		
vision care	\$10.00	\$2.11	info		
vision annual visit	annual visit	\$5.00			
behavioral health care	\$15.00	\$5.04	info		
personalized services	personalized services	\$3.00	info		
Your combined out-of-pocket annual maximum is \$500 per person or \$1,000 per family.					
Health Total		\$178.34			
dental benefits		Level of Coverage: Single			
benefit description	your benefits	benefit cost monthly	info		
dental care	waived	\$32.59	info		

2250

choice linx
The linx of choice

close window

how do I choose?

2260

Your benefits should reflect your life's needs and your individual family, health and financial situation. A single, healthy 20 year old, a family with four young children, newlyweds planning to have a baby, and a 45 year old person with diabetes have very different needs. That is why ChoiceLinx lets you pick the fixed copay and % of charge amounts that are right for you.

Ask yourself the following questions when choosing your benefit options:

- Do you have children who visit the doctor frequently for check-ups, ear infections or immunizations?
- Are you healthy and single?
- Are your medical and planning to have children during the upcoming year?
- Do you or one of your covered family members have a health condition that requires frequent doctor visits or tests?
- Do you expect that you or a covered family member will be hospitalized during the year?
- From a budgeting standpoint, is it easier to have more taken out of your paycheck with plan that you will pay when you receive care or just the opposite?

2261

Also take into consideration:

- Lower copays mean higher payroll deductions, but less you need to pay at the time of your visit.
- Higher % of charge amounts mean lower payroll deductions, but more expense when you visit the hospital for tests or for an overnight stay.
- Each health benefit category is for a different type of service. Take each into consideration when selecting your benefit. Look at what is covered and what is not covered for that category. Consider how much you would have to pay out of pocket if you are outside of the likelihood of needing those services during the year.

2262

Just remember—no matter what you choose—you will still end up with a comprehensive benefits plan that will cover you when you need it most.

close window

Copyright©2000 ChoiceLinx Corporation. All rights reserved.

FIG. 22F

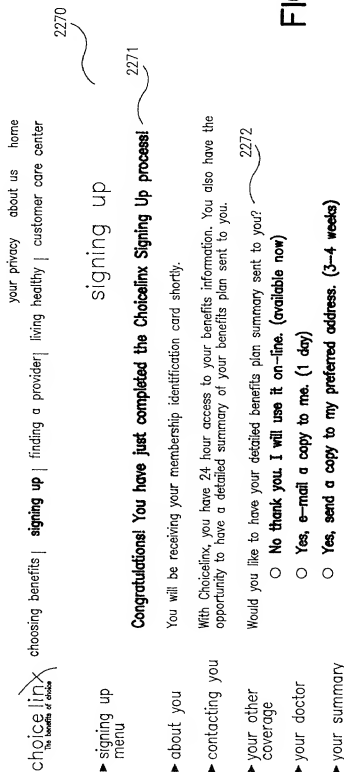
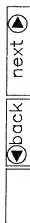


FIG. 22G



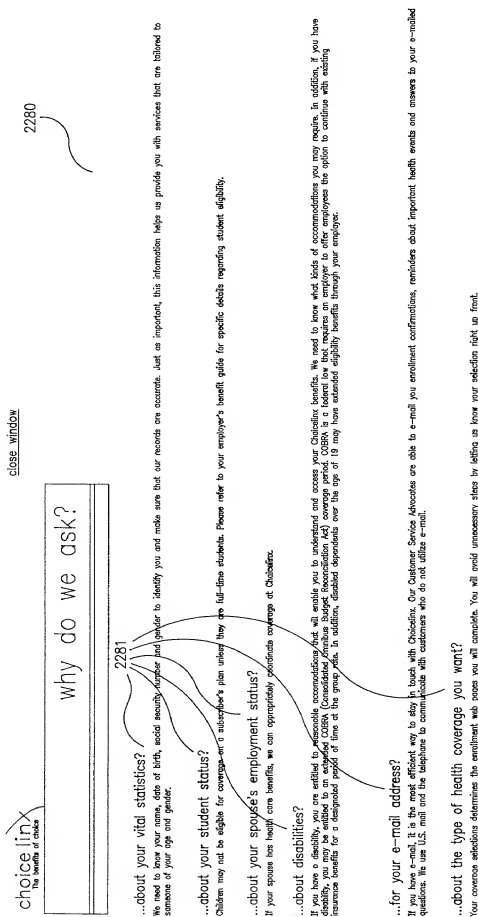


FIG. 22H

close window

Preventive Care ²²⁹¹

Annual physicals— Your office visit copay will apply for this visit

What's Covered

- Annual Physical Examinations—for all adults and children over the age of 2
- Laboratory Services
- Radiology

What's Not Covered

- 3rd Party Exams—(camp and insurance)
- Flight Physicals
- Sports Physicals

[back to top](#)

Allergy Testing and Injections— ²²⁹² Your office visit copay will apply for this visit

What's Covered

- Allergy Testing
- Allergy Shots
- Professional Services
- All materials associated with allergy testing

What's Not Covered

- Allergy Serum

[back to top](#)

Routine Annual Gynecological Exams— ²²⁹³ Your office visit copay will apply for this visit

What's Covered

- Annual routine gynecological exams
- Doctors visit
- Pap Test
- Mammograms

What's Not Covered

- Birth Control

[back to top](#)

Immunizations and Injections— ²²⁹⁴ Your office visit copay will apply for this visit

What's Covered

- Therapeutic Injections
- Immunizations (tetanus, hepatitis, influenza)
- Professional Services
- Materials associated with those injections when administered by your physician or attending staff

What's Not Covered

[back to top](#)

FIG. 221

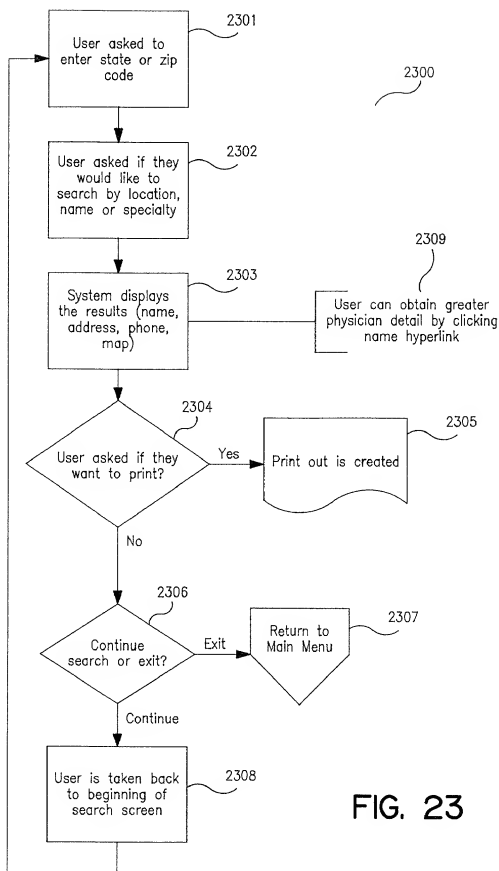


FIG. 23

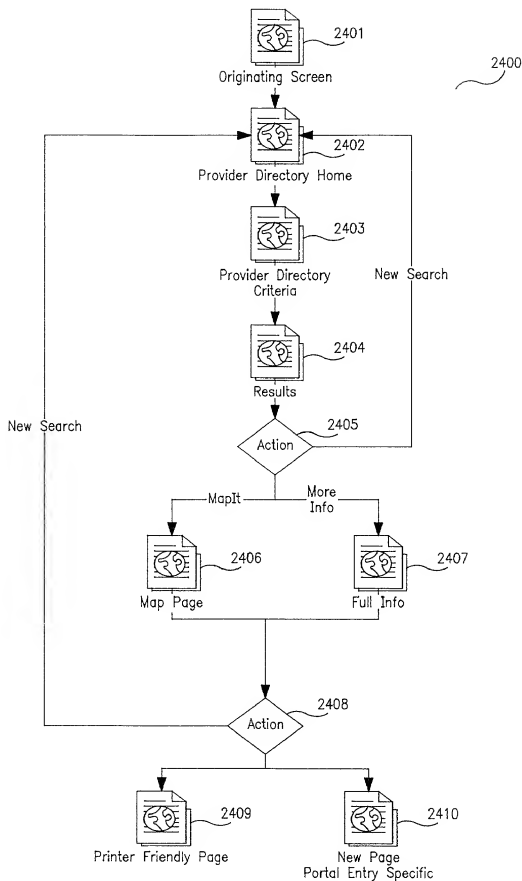


FIG. 24

38/66

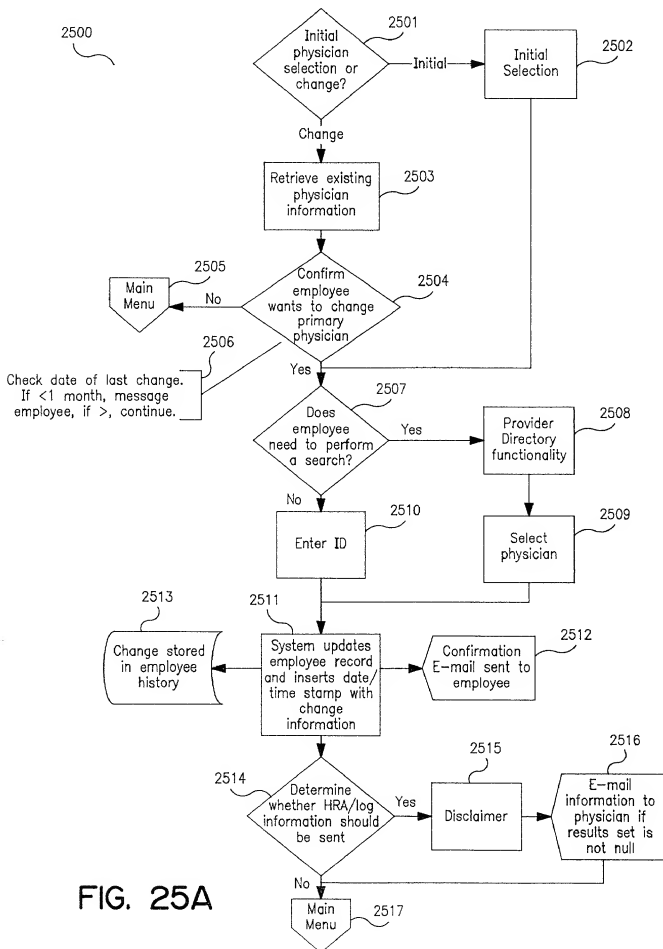


FIG. 25A

0948359-051801

▶ signing up menu

your doctor signing up

Below are the physicians you've already selected for the members associated with your account and search options to select a physician for your child(ren).

You may cancel your search by selecting cancel search below, and the physicians you have selected so far will remain.

▶ about you

▶ contacting you

▶ your other coverage

▶ your doctor

▶ your summary

▶ why do we ask?

? questions

(000) 000-0000

1750

you tell us

Primary physician selected for John Smith

Young, Michael
Family Practice
Manchester, NH 3101-1205

1751

Primary physician selected for Jane Smith

Miller, Chris
Family Practice
Manchester, NH 03104

1752

Search for a primary physician for Jessica Smith

search... by name

or

search... by distance

1753

1754

Skip Jessica Smith

cancel

FIG. 25B

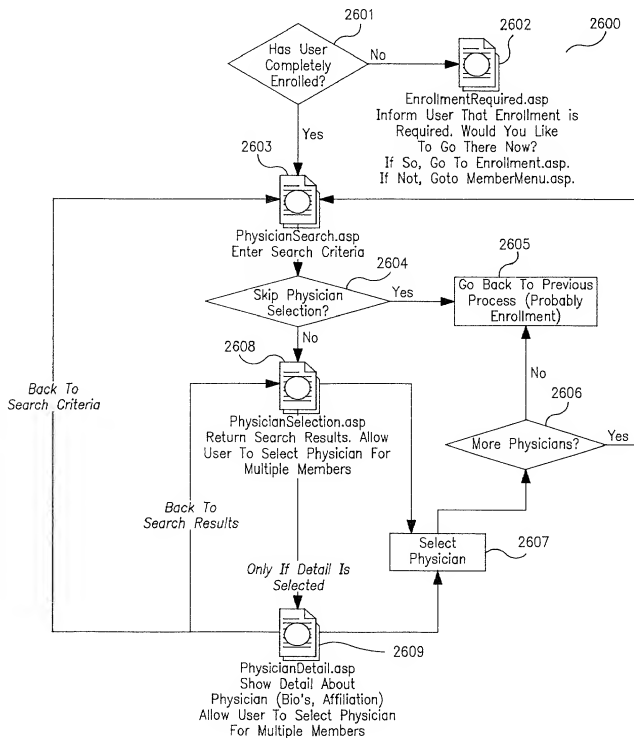


FIG. 26

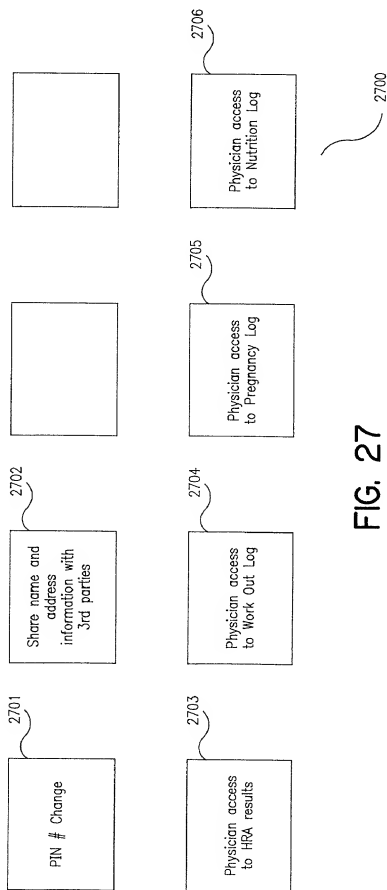


FIG. 27

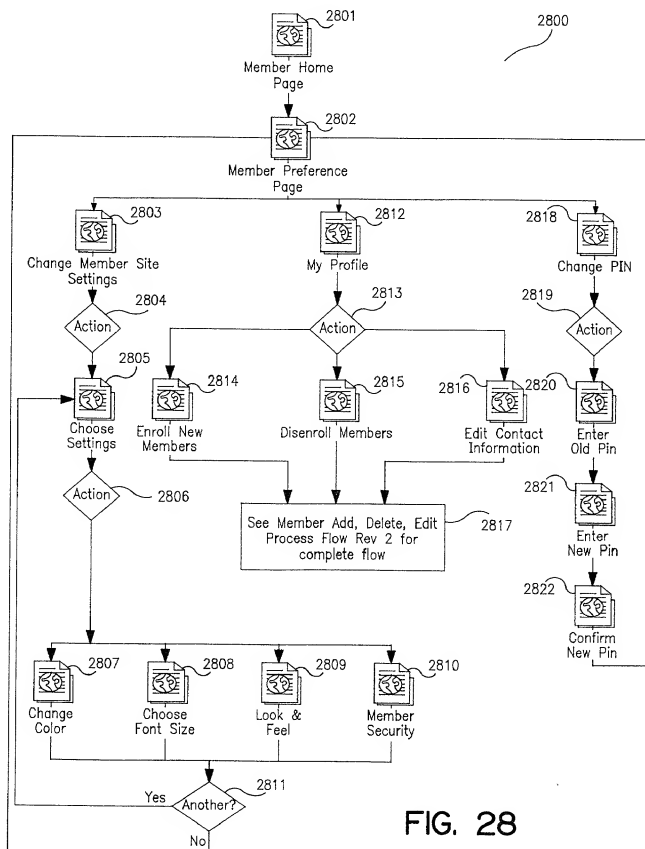


FIG. 28

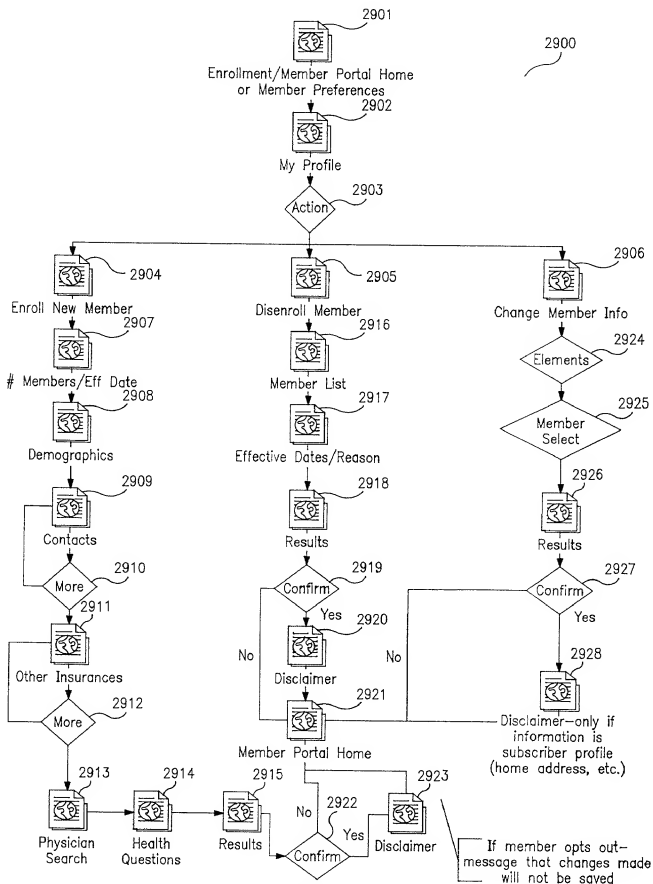


FIG. 29

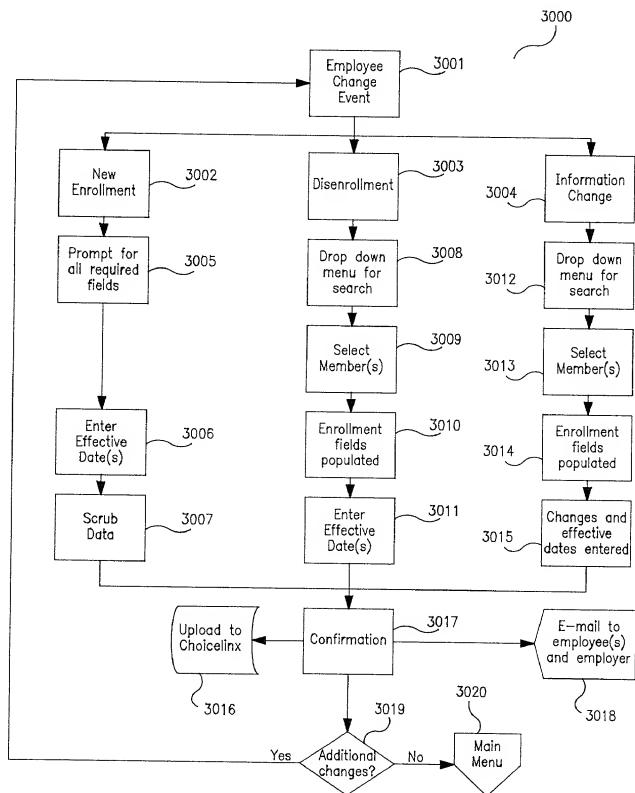


FIG. 30

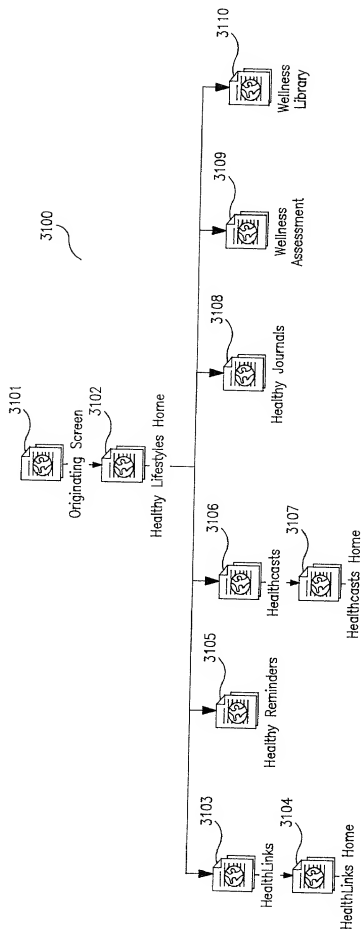


FIG. 3I

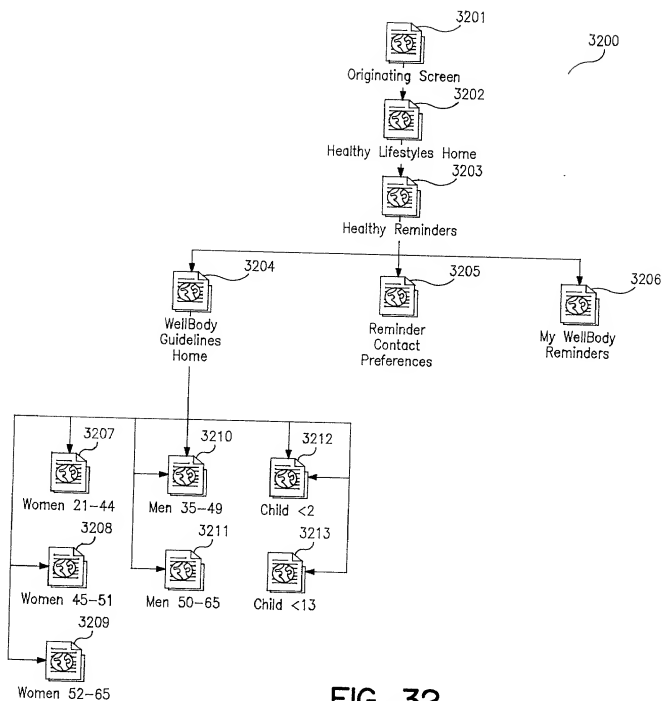


FIG. 32

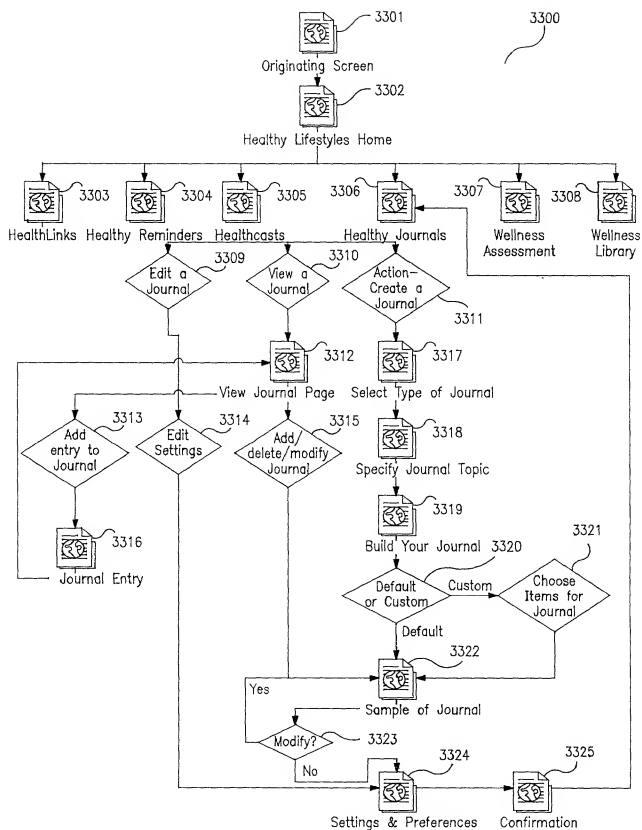


FIG. 33

48/66

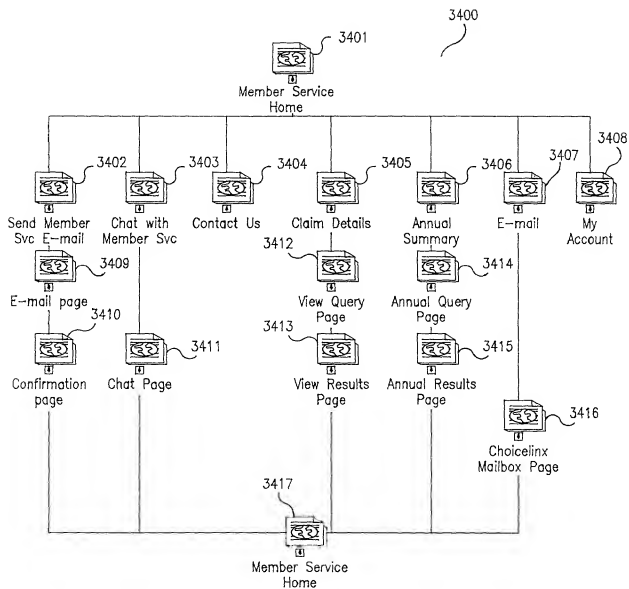


FIG. 34

09744359 051801

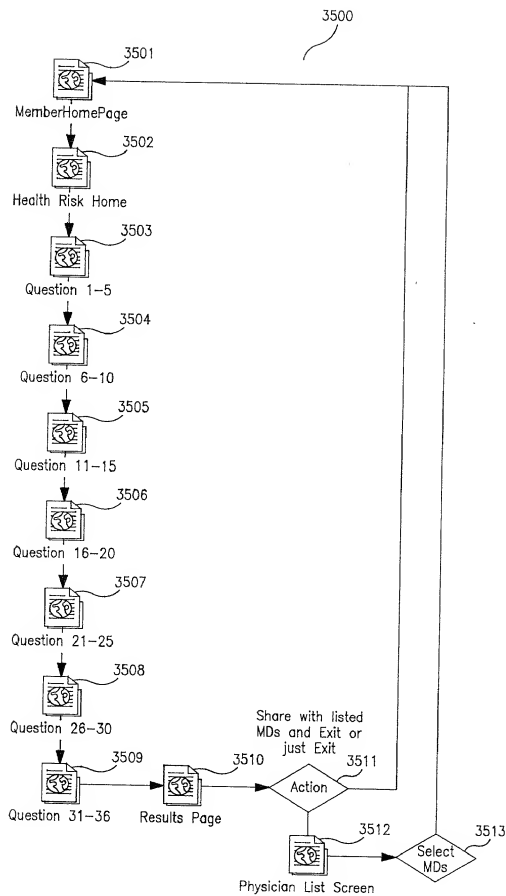


FIG. 35

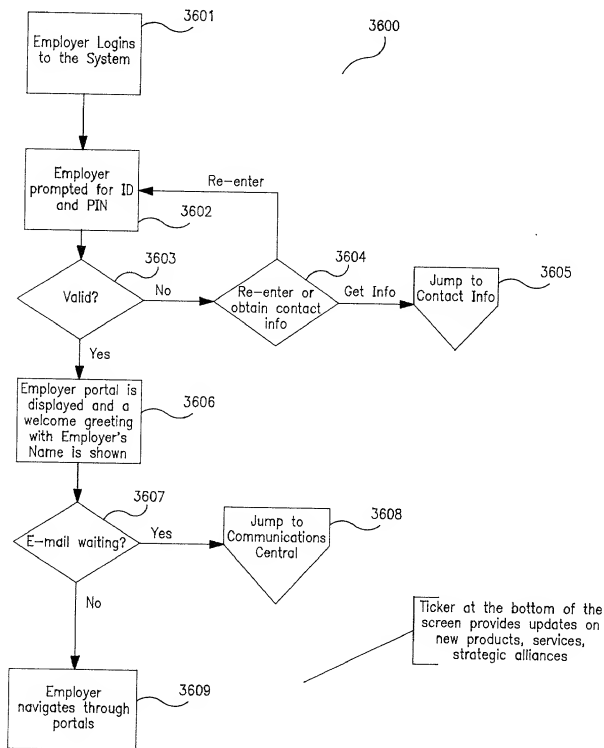


FIG. 36

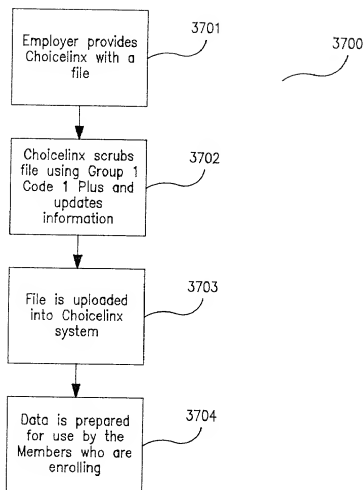


FIG. 37

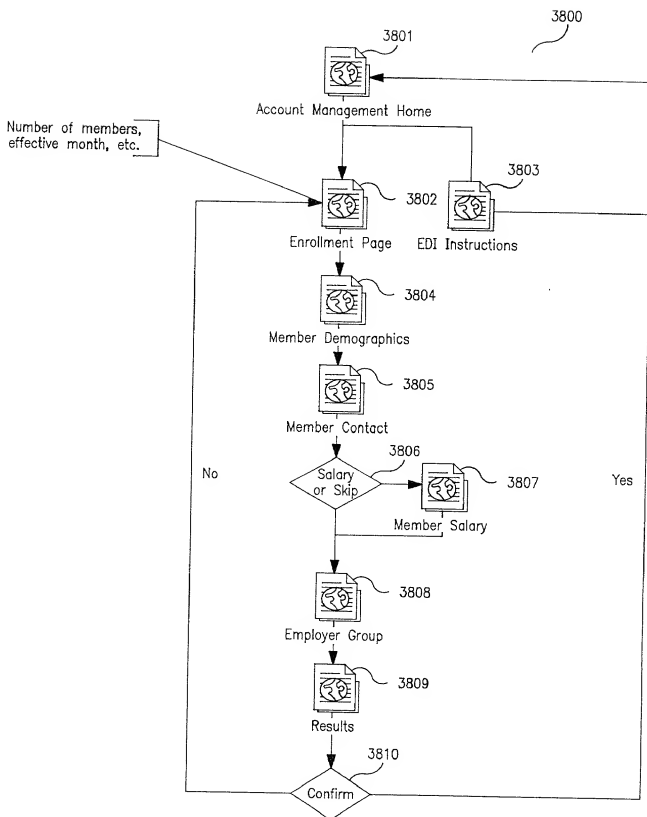


FIG. 38

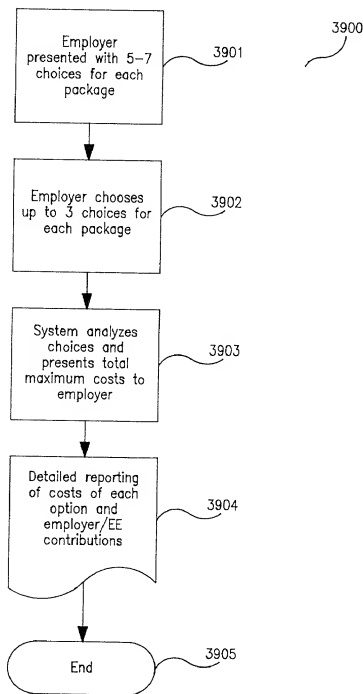


FIG. 39

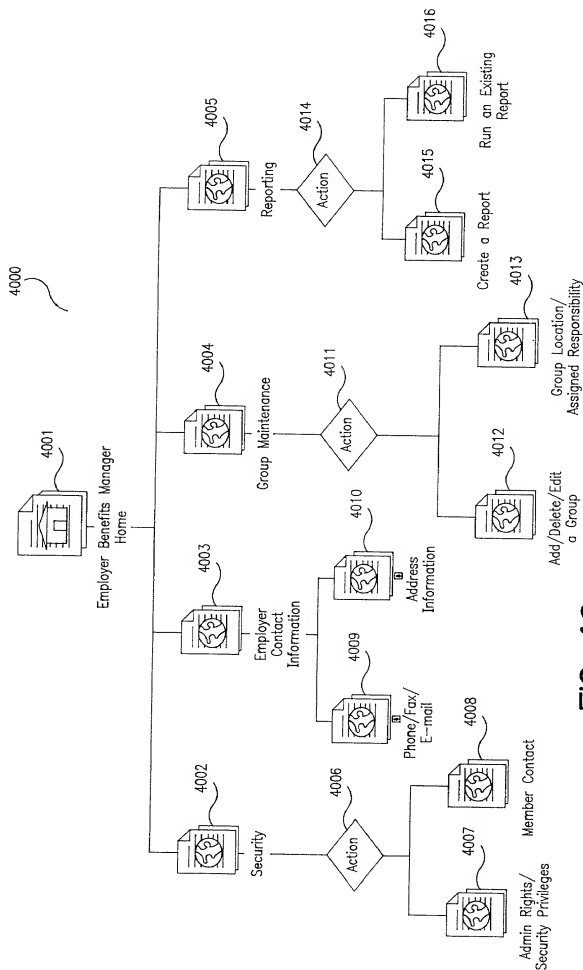


FIG. 40

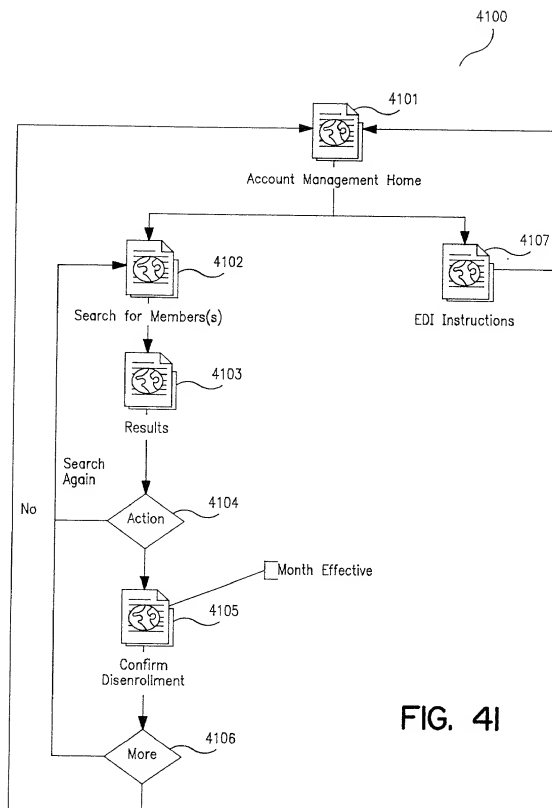


FIG. 41

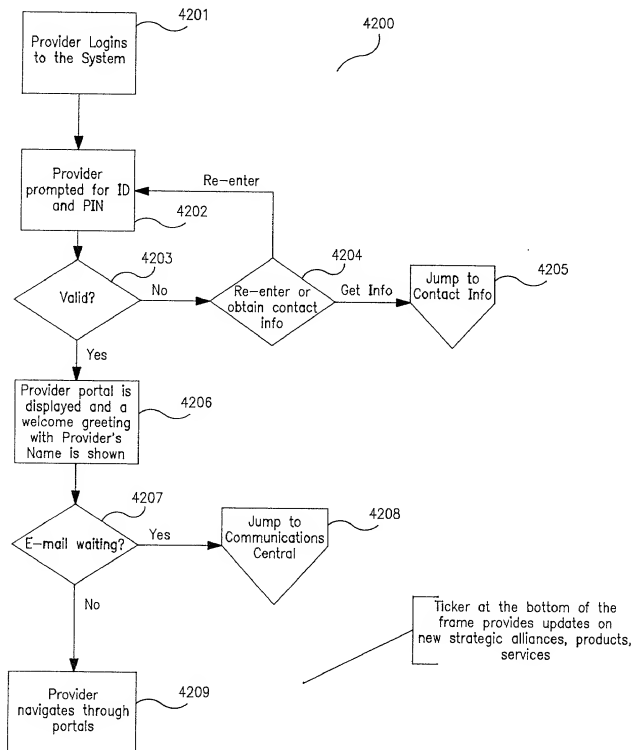
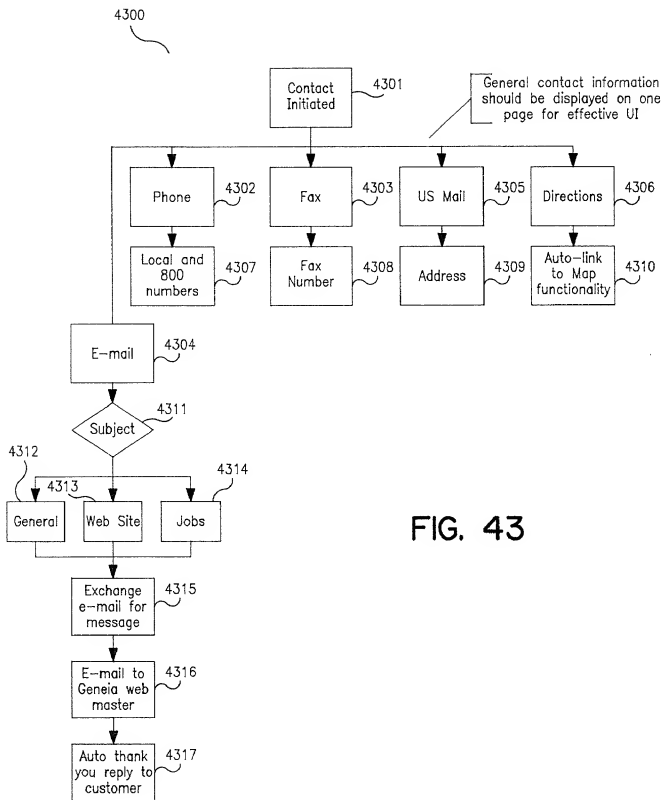


FIG. 42



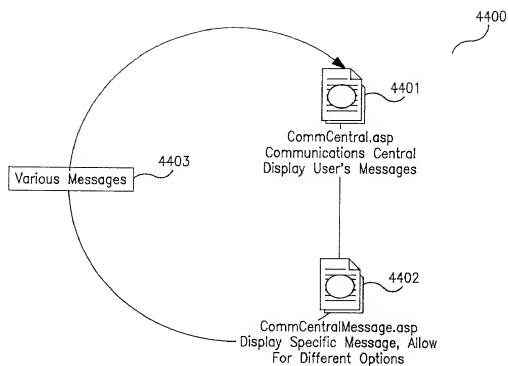


FIG. 44

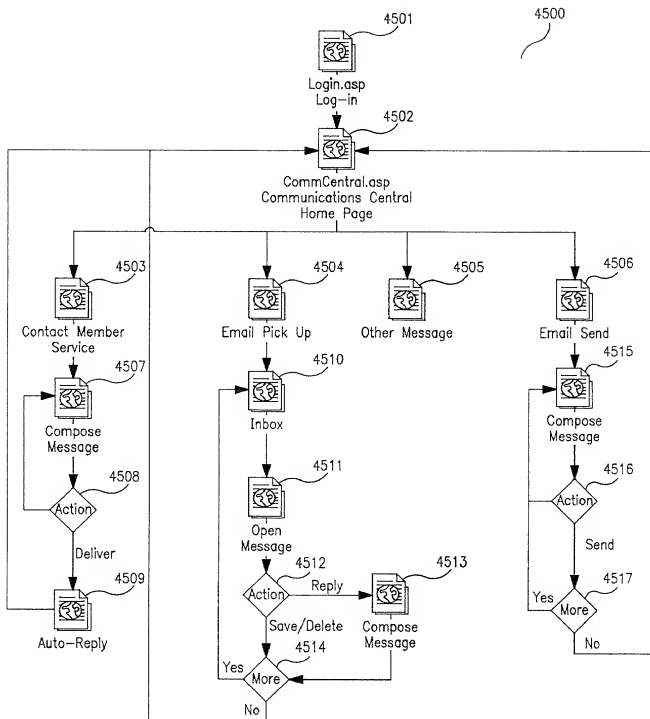


FIG. 45

60/66

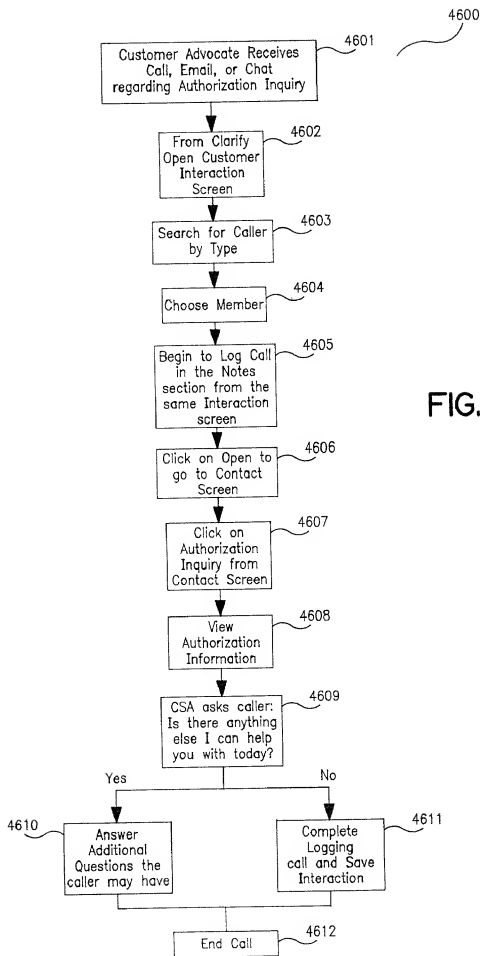
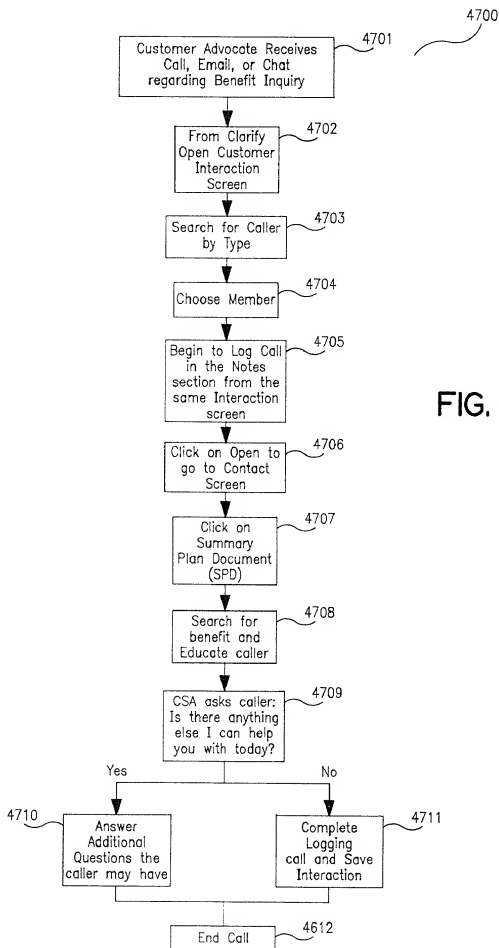
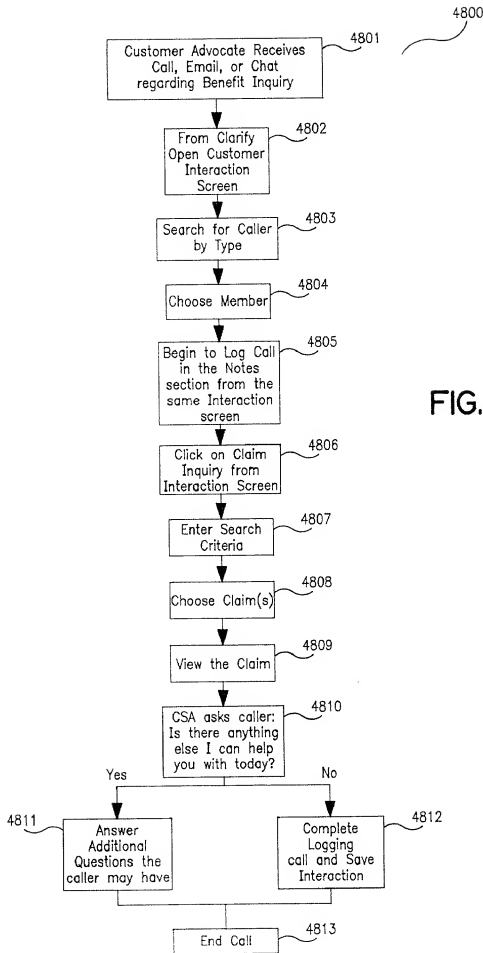


FIG. 46

09740359 051801





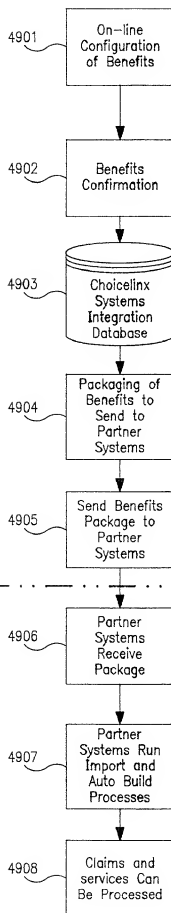


FIG. 49

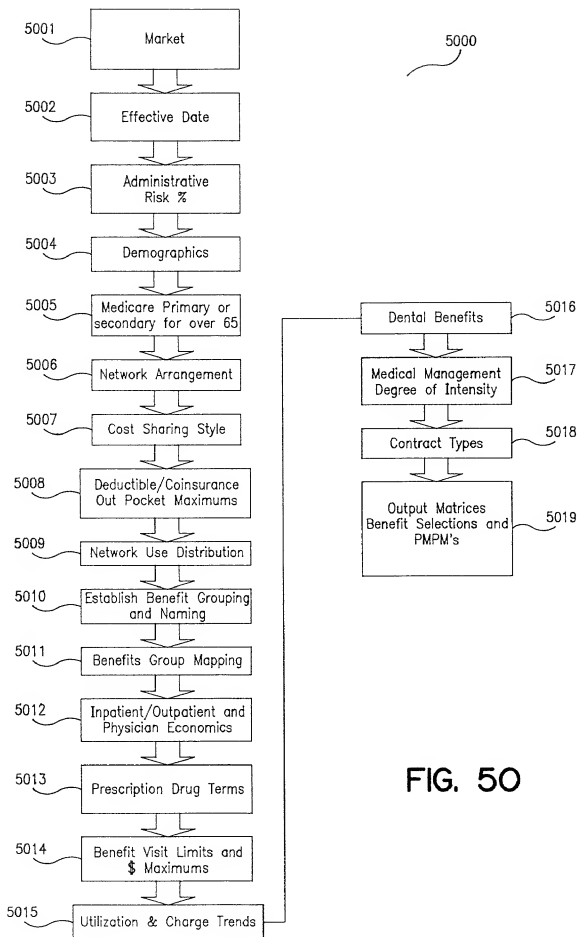


FIG. 50

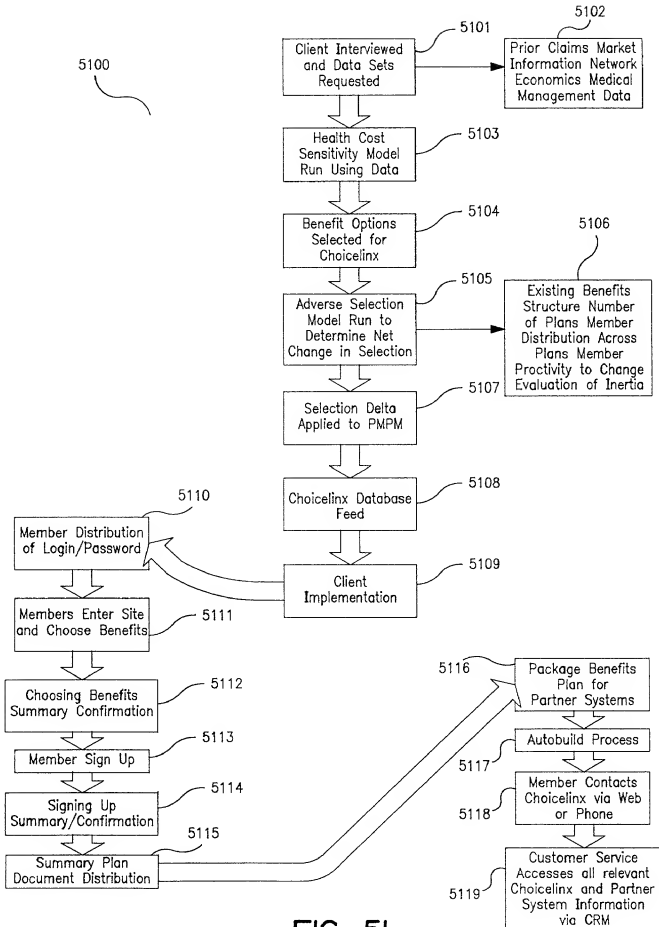


FIG. 5I

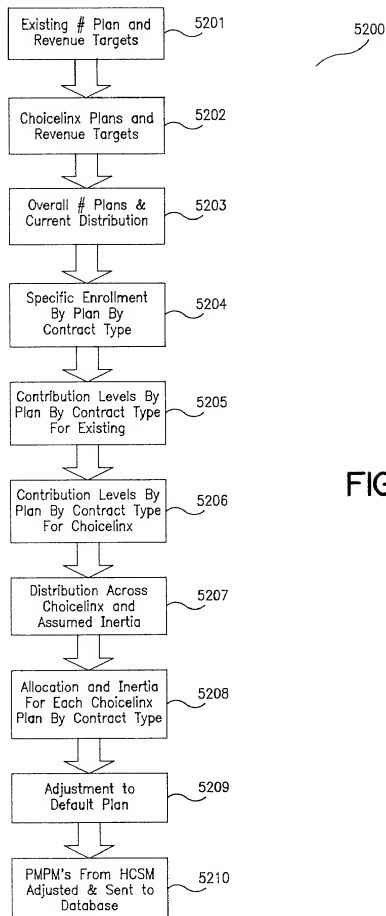


FIG. 52